



FEDERAL DISCRETIONARY GRANTS SECTION
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
HURRICANE RELIEF PROGRAM FOR HOMELESS & DISPLACED STUDENTS DATA COLLECTION FORM
Form Due: January 26, 2006

DIRECTIONS

Fax the completed form by **January 26, 2006** to: 573-526-6698.

Questions, contact: Ph. (573) 526-3232; Fax: (573) 526-6698; or e-mail to: webreplyimprfdg@deese.mo.gov;
Visit DESE's website at: <http://deese.mo.gov/divimprove/fedprog/discretionarygrants/index.html>

SECTION I - FOR DESE USE ONLY

SIGNATURE OF DESE AUTHORIZED REPRESENTATIVE

DATE

SECTION II - DISTRICT AND PROGRAM INFORMATION

DISTRICT NAME

COUNTY-DISTRICT CODE

NAME OF THE BOARD-AUTHORIZED REPRESENTATIVE

TITLE OF THE BOARD-AUTHORIZED REPRESENTATIVE

E-MAIL ADDRESS

TELEPHONE NUMBER

FAX NUMBER

NAME OF THE HURRICANE RELIEF CONTACT

TITLE OF THE HURRICANE RELIEF CONTACT

E-MAIL ADDRESS

TELEPHONE NUMBER

FAX NUMBER

ADDRESS

CITY, STATE

ZIP

SECTION III - ASSURANCES AND CERTIFICATION

The applicant assures the Department of Elementary and Secondary Education (DESE) that it shall:

1. receive and expend the funds in a manner that is consistent with the intent of the approved application;
2. keep such records for a period of three years and provide such information as may be necessary for fiscal and program auditing and for program evaluation, and provide DESE any information that it may need to carry out its responsibilities under the program;
3. adhere to the requirements of applicable federal statutes and regulations, state rules governing the programs, and all other applicable statutes, including Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title VIII of the Education Amendments of 1972; Gun-Free Schools Certification; and Drug-Free Workplace Requirements. The applicant further certifies that people involved in these projects will meet debarment and suspension qualifications described in 34CFR Part 85 and lobbying restrictions described in 34CFR Part 82;
4. read the statements contained in this application and that these statements and the data included in this application are, to the best of my knowledge and belief, true, complete and correct. I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant, and otherwise to act as the applicant's authorized representative in submitting this application for funding.

The board-authorized representative fully understands the assurances and the responsibility for compliance placed upon the applicant by the assurances. The applicant will refund directly to DESE the amount of any funds made available to the applicant that may be determined by the Department or an auditor representing the Department to have been misspent or otherwise misapplied.

SIGNATURE OF BOARD-AUTHORIZED REPRESENTATIVE

DATE

SECTION IV - QUARTERLY NUMBERS OF DISPLACED STUDENTS

DISTRICT NAME

Report total numbers of displaced students in the school district by category. Use whole numbers only. Do not include any numbers of students in more than one category. For each quarter, report the number of displaced students as of the reporting date for that quarter. Include this form with the school district's original application. Submit data for the remaining quarters as they become available.

	Quarter 1 on September 28, 2005	Quarter 2 on November 21, 2005	Quarter 3 on January 25, 2006	Quarter 4 on March 22, 2006
PUBLIC SCHOOLS: Total number of displaced students: (1) enrolled in the elementary and secondary schools (including charter schools) of the school district, and (2) who are not receiving special education and related services consistent with IDEA				
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